

HIPAA IMPLEMENTATION TIMETABLE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health plans, health information clearinghouses, and providers who conduct certain health care transactions electronically (collectively known as covered entities) to ensure that individually identifiable health information remains private and secure. It also requires these covered entities (and their business associates) to standardize the way certain administrative and financial health care data is exchanged electronically. The U.S. Department of Health and Human Services (HHS) plans to issue seven different regulations to implement and enforce these requirements. These federal rules include:

Rule		Purpose	Enforcement Agency	Proposed Rule	Final Rule	Compliance Deadline [†]
Privacy [45 CFR § 160 and 164]		Prescribes the standards, procedures, and protocols covered entities must adopt to protect a patient's right to keep their medical records and other personal health information confidential. The privacy rule outlines the procedures required for the exercise of those rights and the conditions necessary for others to use or disclose protected health information.	OCR	11/3/99	8/14/02 [‡]	4/14/03
Security [45 CFR § 160, 162, and 164]		Outlines the minimum administrative, technical, and physical safeguards required to prevent unauthorized access to health information.	CMS	8/12/98	4/21/03	4/21/05
"ADMINISTRATIVE SIMPLIFICATION"	Electronic Transactions and Codes [45 CFR § 160 and 162]	Establishes uniform standards to govern how certain treatment, billing, enrollment, and other health information must be formatted (codes) and exchanged (transactions) electronically.	CMS	5/7/98	3/24/03 [±]	10/16/02 [*]
	National Provider Identifier	Specifies the alphanumeric format for the code that must be adopted to uniquely identify providers (or sellers) of health care services for billing and other purposes.	CMS	5/7/98	—	—
	Health Plan Identifier	Specifies the alphanumeric format for the code that must be adopted to uniquely identify group plans providing health care benefits through insurance. Health plan identifiers are often used to enroll new employees; verify beneficiary (or employee) eligibility, benefits, and premium payments; and other purposes.	CMS	—	—	—
	Employer Identifier [45 CFR § 160 and 162]	Specifies the alphanumeric format for the code that must be adopted to uniquely identify health plan sponsors (or employers). Employer identifiers are often used to enroll new employees; verify beneficiary (or employee) eligibility, benefits, and premium payments; and other purposes.	CMS	6/16/98	7/30/02	7/30/04
Enforcement		Establishes the framework for enforcing the administrative simplification regulations.	—	—	—	—

OCR = HHS' Office for Civil Rights

CMS = Centers for Medicare and Medicaid Services

[†] Small health plans have one additional year following this date to be compliant.

[‡] Originally finalized December 28, 2000, HHS proposed modifications to the privacy rule on March 27, 2002. The modifications were finalized on August 14, 2002. The compliance deadline did not change.

[±] Originally finalized on August 17, 2000, HHS proposed modifications to the transactions rule on May 31, 2002. The modifications were finalized on March 24, 2003. The compliance deadline did not change.

^{*} The compliance deadline could have been extended by one year if a compliance plan was submitted to HHS before October 16, 2002. Small health plans were not eligible for the conditional extension.

